



**CITY OF DURHAM**

**SMALL DISADVANTAGED BUSINESS ENTERPRISE**

**PREQUALIFICATION FORMS**



**Equal Opportunity/ Equity Assurance Department**

**Mailing Address:**  
101 City Hall Plaza  
Durham, North Carolina 27701

**Street Address:**  
211 Rigsbee Avenue  
Durham, North Carolina 27701

**Phone:** (919) 560-4180  
**Facsimile:** (919) 560-4513

## APPLICATION FOR PREQUALIFICATION

The answers to the following questions shall be used to determine the qualifications of my organization to bid upon construction projects undertaken by the City. You may submit an AIA Contractor's Qualification Statement in lieu of questions 1-23. Questions 24-30 must be submitted with the Statement.

1. Name of Firm \_\_\_\_\_

2. Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

3. Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

4. Contact Person \_\_\_\_\_ Title \_\_\_\_\_

5. The organization is requesting prequalification as:

☐ Corporation ☐ Limited Partnership ☐ General Partnership

☐ Sole-Proprietorship ☐ Limited Liability Company ☐ Other

6. If a corporation, Limited Liability Co., or Limited Partnership, indicate the following:

Date of Incorporation or other official commencement of status \_\_\_\_\_

State of Incorporation or other official commencement of status \_\_\_\_\_

7. Internal Revenue Service ID No. \_\_\_\_\_  
(Employer ID/SSN)

8. Year business established by current owner \_\_\_\_\_

9. Are you authorized to do business in North Carolina as well as locally, including all business licenses?

Yes ☐ No ☐ (Attach copies)

10. List North Carolina Contractor's License Number, classification and Limitation:

License Type	License No.	Classification	Limitation

11. Indicate the type(s) of work for which the business would like to qualify to perform:

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12. How many years has your organization been in business as a contractor under your present name?

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13. Has your organization been in business under another business name? **Yes** ☐ **No** ☐

(If so, please list any former names and addresses. \_\_\_\_\_)

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14. List the construction experience of the management personnel including superintendents of your organization.

Name	Present Position	Years of Construction Experience	Type of Work	In What Capacity

15. Has your organization failed to complete any work awarded to you? **Yes** ☐ **No** ☐

( If so, please explain. Attach additional sheets if necessary.)

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16. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction project? **Yes** ☐ **No** ☐ ( If so, please explain)

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17. Has your organization ever been denied prequalification in this state or any other state under this name or any other name?

**Yes** ☐ **No** ☐ (If so, name the state(s), and explain reasons for denial)

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18. Has your organization ever been disqualified or removed from a bidding list in this state or any other state?

Yes ☐ No ☐ (If so, indicate state(s) and explain reason for disqualification)

\_\_\_\_\_

\_\_\_\_\_

19. List major projects which show the various types of work completed by your organization in the past five (5) years and/or presently under construction. (Attach separate sheet if necessary)

Name and Address of Owner, Telephone No.	Name and Location of Project	Contract Amount	Was contract completed on time?	Were there any penalties imposed?	Were there any liens, claims or stop notices filed against the job?

20. List major Equipment owned. (Attach separate sheet if necessary)

QUANTITY	ITEM	SIZE OR CAPACITY	CONDITION	YEARS OF SERVICE

21. Name of Bonding Company: \_\_\_\_\_

22. Maximum Current Bonding Level: \_\_\_\_\_

23. Attach a current financial statement including a balance sheet showing the following items:

- a) Current assets
- b) Net fixed assets
- c) Other assets
- d) Current liabilities
- e) Other liabilities

24. Does your organization utilize minority, women or SDBE subcontractors on contracts that are not let by the City of Durham?  
**Yes ☐ No ☐** (If yes, list three contracts and the minority, women or SDBE firms used by your organization on these contracts)

<b>Name and Location of Project</b>	<b>SDBE Firm Utilized</b>	<b>Dollar Amount of Participation</b>	<b>Contact Person and Telephone No.</b>

25. For the contracts referenced above, did your organization make good faith efforts to assist interested minority, women and SDBEs in obtaining bonding, lines of credit, or insurance if such assistance was necessary? **Yes ☐ No ☐**
26. Does your organization make voluntary efforts to increase the number of minority, female and socially and economically disadvantaged individuals at higher skill and responsibility levels within your own organization? **Yes ☐ No ☐**
27. Does your organization effectively use the services of available minority, women and socially and economically disadvantaged community organizations; contractor groups; local, state, and Federal minority/women or small disadvantaged business assistance offices; and other organizations which provide assistance in recruitment and placement of SDBEs? **Yes ☐ No ☐**
28. Does your organization participate in minority/women apprenticeship or on-the-job training programs?  
**Yes ☐ No ☐** (If yes, attach a copy of your company's program)
29. Attach a written narrative of any voluntary good faith efforts your organization proposes to undertake during the upcoming year to provide equitable participation of minority and women employees and subcontract.
30. The following documents must be submitted with your application: (Forms Enclosed)  
(You may submit your organization's EEO Policy in lieu of this statement)
- a) Equal Employment Opportunity Statement
  - b) Employee Breakdown

## EMPLOYEE BREAKDOWN

### Part A – Employee Statistics for the Primary Location

Employment Category	Total Employees	Total Males	Total Females	M-----a-----l-----e-----s					F-----m-----a-----l-----e-----s				
				White	Black	Hispanic	Asian or Alaskan Islander	Indian or Alaskan Native	White	Black	Hispanic	Asian or Pacific Islander	Indian or Alaskan Native
Project Manger													
Professional													
Labor													
Clerical													
Totals													

### Part B – Employee Statistics for the Consolidated Company (*See instructions for this form on whether this part is required.*)

Employment Category	Total Employees	Total Males	Total Females	M-----a-----l-----e-----s					F-----m-----a-----l-----e-----s				
				White	Black	Hispanic	Asian or Alaskan Islander	Indian or Alaskan Native	White	Black	Hispanic	Asian or Pacific Islander	Indian or Alaskan Native
Project Manger													
Professional													
Labor													
Clerical													
Totals													

EEO-1 Report may be submitted in lieu of this form

## **Equal Employment Opportunity Statement**

## AFFIDAVIT

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(printed name)

State of \_\_\_\_\_ County of \_\_\_\_\_

I, a notary public in and for the aforesaid county and state, certify that \_\_\_\_\_

\_\_\_\_\_ personally appeared before me this day and, after having been

duly sworn, stated that he or she is \_\_\_\_\_

(title)

in \_\_\_\_\_ ; that he or she was

(name of Applicant)

authorized to sign the foregoing application on behalf of said Applicant, and that the statements contained in the foregoing

Application for Prequalification are true to the best of his or her knowledge and belief. This the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

My commission expires:

\_\_\_\_\_  
Notary Public